

July 18, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0650-01  
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician who is Board Certified in Anesthesiology with additional training in the field of Chronic Pain Management.

**THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE CARRIER IN THIS CASE. THE REVIEWER DETERMINED THAT THE IDET PROCEDURE FOR THE L4-5 LEVEL IS NOT MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of

Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on January 8, 2003.

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_\_, \_\_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0650-01, in the area of Anesthesiology and Chronic Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of IDET.
2. Correspondence including designated doctor evaluation.
3. Office progress notes from 2002.
4. Office progress notes from 2001.
5. Physical therapy notes from 2002.
6. Physical therapy notes from 2001.
7. Operative report.
8. Radiology report.
9. Electromyogram evaluation.
10. Functional capacity evaluation.

B. BRIEF CLINICAL HISTORY:

The claimant suffered an apparent work-related injury on \_\_\_\_ when she slipped on a wet floor in the workplace, landing on her back. She had localized pain in the lumbosacral region with occasional radiation into the right buttock, initially diagnosed with lumbar facet syndrome and possible discogenic pain. She received lumbar facet injections and later was evaluated by provocative discography at three levels.

IDET procedure was performed at L5-S1 with significant improvement in the patient's condition, and she apparently returned to the workplace.

C. DISPUTED SERVICES:

The IDET procedure request for the L4-5 level.

D. DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE THAT THE IDET PROCEDURE FOR THE L4-5 LEVEL IS NOT MEDICALLY NECESSARY.

E. RATIONALE FOR DECISION:

As the reviewing physician, I site the following inconsistencies as the basis for denial:

1. Irregularities in the assessment of client in office visit of 1/24/02. That includes unclear indication as to the causal relationship of the low back pain, i.e., L4-5 versus L5-S1 discogenic pain versus other etiology.
2. Lack of current neurological evaluation.
3. Non-availability of manometric readings on provocative discography. There are concerns regarding the validity of the discography report as related to the firm injection pressures in association with disc fissures.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then

additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

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Date: 11 July 2002